

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101564392

FILING DATE

01-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9						
10		2				
11						
12	1					
13	1					
14	1					
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1					
22						
23		4				
24		4				
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45						
46						
47						
48						
49						
50						
TOTAL IND.	23	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	69					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						